

**Department of Industrial Accidents
Retrospective Review
Clinical Review Procedure - No Additional Medical/Clinical Information Required**

Definition: Retrospective review is utilization review conducted after services (including, but not limited to, inpatient, outpatient, office visits, durable medical equipment and some pharmaceuticals).

1st Business Day of Request

1. Request for utilization review of health condition and corresponding procedure(s) and/or treatment(s) received by utilization review organization. **Date of request, category and type of review must be noted in UR case notes.**
2. UR staff enters demographic information and forwards medical information to initial utilization reviewer.
3. UR Introductory letter sent day of request. Introductory letter shall instruct IW to contact adjuster if card is not received by insurer.
4. Licensed UR reviewer begins review of clinical information.
5. If additional clinical information is required, licensed UR reviewer should follow retrospective procedure for request of additional clinical and document time and date of request in UR case notes.
6. If **no** additional clinical information is required, licensed UR reviewer proceeds with prospective review to determine medical necessity and appropriateness of care and procedure(s)/treatment(s) for the condition under review.

I. HCSB Treatment Guideline Review

Licensed UR reviewer continues review of clinical information, comparing **condition** and corresponding treatment(s)/procedure(s) requested with HCSB treatment guidelines/review criteria.

A.(1) Approval - HCSB Treatment Guideline Applies

1. The licensed clinical reviewer determines HCSB treatment guidelines/review criteria applies to **condition** under review and approves request. Approval letter sent to IW/OP within **ten days of the determination**. Approval letter includes guideline and clinical rationale. **Date of request, category and type of review must be documented in UR case notes.**

B.(1) No HCSB Treatment Guideline Applies

1. The licensed UR reviewer determines **no** HCSB treatment guideline applies. Licensed UR reviewer moves to review of secondary sources.

B.(2) HCSB Treatment Guideline Applies - Licensed UR Reviewer Unable to Approve

1. Licensed UR reviewer determines HCSB treatment guideline applies, but UR reviewer is unable to approve request. Licensed UR reviewer forwards request for school-to-school review, **by next business day**. **Date of request for school-to-school review and clinical concerns of licensed UR reviewer must be documented in UR case notes.**

II. Secondary Source Guideline Review

Licensed UR reviewer continues review of clinical information, comparing **condition** and corresponding treatment(s)/procedure(s) requested with secondary source treatment guidelines/review criteria.

A. Approval-Secondary Source Guideline/Criteria Applies

1. The licensed clinical reviewer determines secondary source treatment guidelines/review criteria applies to **condition** under review and approves request. Approval letter sent to IW/OP **ten days of determination**. Approval letter includes guideline and clinical rationale. **Date of request, category, and type of review must be documented in UR case notes.**

B.(1) No Secondary Source Treatment Guideline Applies

1. The licensed UR reviewer determines **no** secondary source treatment guideline applies. Licensed UR reviewer contacts supervisor and moves to **Internal Guideline Development and Review Procedure**.

B.(2) Secondary Source Treatment Guideline Applies - Licensed UR Reviewer Unable To Approve

1. Licensed UR reviewer determines secondary source treatment guideline applies, but UR reviewer is unable to approve request. Licensed UR reviewer forwards request for school-to-school review, **by next business day. Date of request for school-to-school review and clinical concerns of licensed UR reviewer must be documented in UR case notes.**

III. School-To-School Review

A.(1) Approval

1. **Within five days**, School-to-school reviewer conducts clinical review and renders approval. Approval Letter is sent **ten days from date of determination. Date of request, and clinical rationale must be documented in UR case notes.** Approval letter includes name and school of reviewer, guideline, and clinical rationale.

B.(1) Request for Additional Medical Information

1. **Within five days**, school-to-school reviewer determines additional medical information is required to conduct review. School-to-school reviewer moves to procedure for request of additional medical information.

B.(2) Adverse Determination

1. **Within five days**, school-to-school reviewer issues AD. AD Letter sent **within ten days of determination. AD Letter** includes name and school of reviewer, guideline/criteria clinical rationale, and Appeal Procedure. **Date of request, type of review and clinical rationale must be documented in UR case notes.**

Advisory Note: All agents must have a procedure in place in (Exhibit D) of their approved application that includes a procedure for issuing a prospective review determination using their internal guideline review procedure. If no additional clinical information is required, prospective reviews determinations using internal guideline procedures must be issued within two business days from date of request.

Internal guideline procedures for determination are required to include a literature search and citation of applicable journal articles and scientific research concerning the condition and procedure(s) requested. While the clinical training and experience of the reviewer will be considered, it cannot be the sole criteria used as the basis for the determination.